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37485	7590 02/26			Cert	ificate of	Mailing or Transm	ission
SWANSON & BRATSCHUN, L.L.C 8210 SOUTHPARK TERRACE LITTLETON, CO 80120				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
,							(Depositor's name)
							(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		EY DOCKET NO.	CONFIRMATION NO.
10/719,899	·		Ron L. Hale			8.00068.01R	4055
FITLE OF INVENTION	: RESPIRATORY DRU	G CONDENSATION AE	ROSOLS AND METHOD	S OF MAKING A	ND USIN	IG THEM	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE T	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	05/26/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
HAGHIGHATIAN, MINA		1616	424-045000				
1. Change of corresponde	ence address or indicatio	n of "Fee Address" (37	2. For printing on the pa			Swanson	& Bratschun, L.L.C
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSI	GNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Alexza Pharmaceuticals, Inc. Mountain View, California, US							
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🗹 Co	rporation	or other private grou	p entity Government
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply an	y previou	usły paid issue fee sł	nown above)
Issue Fee	No small entity discount p	acrmitted)	A check is enclosed. Payment by credit care	d Form PTO-2038	ic attach	ed	
Advance Order -		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any					
S Character Entity Sto	tue (from status indicates	d abova)	overpayment, to Depo	sit Account Numbe	r 19-51	17 (enclose an	extra copy of this form).
	tus (from status indicated is SMALL ENTITY state		☐ b. Applicant is no long	ger claiming SMAI	L ENTIT	TY status. See 37 CFI	R 1.27(g)(2).
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Authorized Signature /Katherine Lobel-Rice/			Date May 1, 2009				
Typed or printed name Katherine Lobel-Rice			Registration No. 58079				
This collection of inform	nation is required by 37 C	CFR 1.311. The information	on is required to obtain or r	etain a benefit by t	he public	which is to file (and	by the USPTO to process)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USP1O to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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